

**BROOKHAVEN SCIENCE ASSOCIATES MEDICAL PLAN COMPARISON FOR EMPLOYEES, NON-MEDICARE-
ELIGIBLE RETIREES, PARTICIPANTS ON LTD, AND SPOUSES (EMPLOYEES NOT IN IBEW UNION)**

	CIGNA Open Access Plus			Vytra PPO		
	<u>In-Network</u>	<u>Out-of-Network</u>	Aetna (HMO)	<u>In-Network</u>	<u>Out-of-Network</u>	HIP (HMO)
Medical Care Provider	Participating physician/facility	Any physician/facility	Participating physician/facility	Participating physician/facility	Any physician/facility	Participating physician/facility
Payment of Benefits	No claim forms	Submit claim forms	No claim forms	No claim forms	Submit claim forms	No claim forms
Age Limit for Dependent Children/Full-Time Student	To age 19/ End of the year age 23	To age 19/ End of the year age 23	End of the month age 19/End of the year age 23	To age 19/ End of the year age 23	To age 19/ End of the year age 23	End of the month age 19/End of the year age 23
Annual Deductible (Individual/Family)	N/A	\$500/\$1500**	N/A	N/A	\$2000/\$4000	N/A
Annual Out-of-Pocket Maximum (Individual/Family) (Excl Deductible)	N/A	\$2500/7500***	\$1500/\$3000	N/A	\$5000/\$10000	N/A
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Pre-Existing Condition Limitation	N/A	N/A	N/A	N/A	N/A	N/A
Office Visits****	Covered in full after \$20 co-pay PCP/\$30 co-pay Specialist	80% of R&C after deductible	Covered in full after \$20 co-pay PCP/\$25 co-pay Specialist	Covered in full after \$20 co-pay PCP/\$30 co-pay Specialist	70% of R&C after deductible	Covered in full after \$20 co-pay PCP/\$30 co-pay Specialist
Emergency Room (Accident) (Illness)	Covered in full Covered in full	Emergency: Covered in full Non-emergency: 80% of R&C after deductible	Covered in full after \$50 co-pay (waived if admitted)	Emergency: Covered in full after \$50 co-pay (waived if admitted) Non-emergency: only covered out-of-network: 70% of R&C after deductible		Covered in full after \$50 co-pay (waived if admitted)
Inpatient Hospital (Semi-Private Room, Board, Services, Supplies)	Covered in full Pre-admission certification required or \$250 penalty plus 50% reduction in benefits on any days not approved.	Covered in full	Covered in full	Covered in full 70% of R&C after deductible Pre-admission certification required or \$250 penalty plus 50% reduction in benefits on any days not approved.		Covered in full
(Physician)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full 70% of R&C after deductible		Covered in full
(Surgeon)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full 70% of R&C after deductible		Covered in full
Second Surgical Opinion (Office Visit)	Covered in full	100% of R&C	Covered in full after \$25 co-pay	Covered in full after \$30 co-pay	100% of R&C	Covered in full
Laboratory/X-Ray	Covered in full	80% of R&C after deductible	Covered in full after \$25 co-pay	Covered in full	70% of R&C after deductible	Covered in full after \$20 co-pay
Maternity (Initial Visit To Determine Pregnancy)	Covered in full after \$20 co-pay	80% of R&C after deductible	Covered in full after \$25 co-pay	Covered in full after \$20 co-pay	70% of R&C after deductible	Covered in full after \$20 co-pay
(Subsequent Visits/Delivery)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	70% of R&C after deductible	Covered in full
Prescription Medication (Retail)	*\$10 generic/ \$25 brand formulary \$40 brand non-formulary (up to 30-day supply)	Must use in-network pharmacy	\$10 generic/\$20 brand formulary/ \$40 brand non-formulary (up to 30-day supply)	*\$10 generic/ \$25 brand formulary/ \$40 brand non-formulary (up to 30-day supply)	In-network only	\$15 generic/\$30 brand formulary/ \$50 brand non-formulary (up to 30-day supply)
(Mail Order)	*\$20 generic/ \$50 brand formulary/ \$80 brand non-formulary (up to 90-day supply)	Must use in-network benefit	\$20 generic/\$40 brand formulary/ \$80 brand non-formulary (31 to 90-day supply)	*\$20 generic/ \$50 brand formulary/ \$80 brand non-formulary (up to 90-day supply)	In-network only	\$22.50 generic/\$45 brand formulary/ \$150 brand non-formulary (up to 90-day supply)

*After meeting a \$100 per person/\$300 per family annual drug deductible

(the drug deductible does not apply to active employees in the SCSA union, and SCSA drug co-pays are as follows: CIGNA: \$5/\$15/\$30; Aetna: \$5/\$10/\$25; Vytra: \$5/\$12/\$35; HIP: \$5/\$10/\$35).

\$250/\$650 for active employees in the SCSA union. *\$1200/\$2400 for active employees in the SCSA union. **** SCSA co-pays are \$15 PCP/\$15 Specialist

(R&C = Reasonable & Customary) This is a brief summary and thus is not an all-inclusive description of services. Only covered expenses are provided/reimbursed through the programs.

1-1-2006

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	<u>In-Network</u>	<u>Out-of-Network</u>	Aetna (HMO)	<u>In –Network</u>	<u>Out-of-Network</u>	HIP (HMO)
Preventive Care (Routine Care For Children Including Immunizations)	Covered in full (to age 19)	80% of R&C after deductible (to age 19)	Covered in full (to age 19)	Covered in full (to age 17)	70% of R&C after deductible	Covered in full (to age 19)
(Well Woman Exam)****	Covered in full after \$20 co-pay	80% of R&C after deductible	Covered in full after \$25 co-pay	Covered in full after \$20 co-pay	70% of R&C after deductible	Covered in full after \$20 co-pay
(Pap Test)	Covered in full	80% of R&C after deductible	Covered in full after \$25 co-pay	Covered in full w/office visit	70% of R&C after deductible	Covered in full after \$20 co-pay
(Mammogram)	Covered in full	80% of R&C after deductible	Covered in full after \$25 co-pay	Covered in full	70% of R&C after deductible	Covered in full after \$20 co-pay
(Physical Exam)****	Covered in full after \$20 co-pay if by PCP	Not covered	Covered in full after \$25 co-pay	Covered in full after \$20 co-pay if by PCP	Not Covered	Covered in full after \$20 co-pay if by PCP
(Routine Eye Exam)****	Not covered	Not covered	Covered in full after \$25 co-pay	Covered in full after \$30 co-pay (1 exam/year)	Not Covered	Covered in full (for optometrist)
Mental Health Care (Inpatient)	Covered in full	Same as inpatient hospital	Covered in full (Max: 35 days/year)	Covered in full (Max: 30 days/year combined in/out)	70% of R&C after deductible	Covered in full (Max: 30 days/year)
(Outpatient)****	Covered in full after \$30 co-pay/ visit	80% of R&C after deductible	Covered in full after \$25 co-pay/visit (Max: 20 visits/year)	Covered in full after \$30 co-pay (Max:20 visits/year combined in/out)	70% of R&C after deductible	Covered in full after \$25 co-pay/visit (Max: 20 visits/year)
Substance Abuse Treatment (Inpatient Detox)	Covered in full	Same as inpatient hospital	Covered in full	Covered in full (Max: 3 periods/year combined in/out)	70% of R&C after deductible	Covered in full (Max: 7 days/year)
(Outpatient Rehab)****	Covered in full after \$30 co-pay/ visit	80% of R&C after deductible	Covered in full after \$25 co-pay/visit (Max: 60 visits/year)	Covered in full after \$30 co-pay/ visit (Max: 60 visits/year combined in/out)	70% of R&C after deductible	Covered in full after \$25 co-pay/visit (Max: 60 visits/year)
Alternate Care (Home Health Care)	Covered in full (Max: 40 visits/year combined in and out of network)	80% of R&C after deductible	Covered in full	Covered in full (Max: 40 visits/year combined in/out)	70% of R&C after deductible	Covered in full (Max: 200 visits/year)
(Skilled Nursing Facility)	Covered in full (Max: 60 days/year combined in and out of network)	80% of R&C after deductible	Covered in full	Covered in full (Max: 45 days/year combined in/out)	70% of R&C after deductible	Covered in full
(Outpatient Short-Term Rehab: Physical Therapy)****	Covered in full after \$30 co-pay	80% of R&C after deductible	Covered in full after \$25 co-pay (Max: 60 consecutive days/injury/lifetime)	Covered in full after \$30 co-pay (Max: 60 consecutive days/ injury/ lifetime combined in/out)	70% of R&C after deductible	Covered in full after \$30 co-pay (Max: 90 visits/year)
Durable Medical Equipment	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	70% of R&C after deductible	Covered in full
External Prosthetic Devices	Covered in full	80% of R&C after deductible	Covered in full for initial device only	Covered in full	70% of R&C after deductible	Covered in full
Hearing Aids	Covered in full ----- (Max: \$2000/1095 days) -----	80% of R&C after deductible	Not covered	Not covered	Not covered	Not covered

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